

2E. The Apprentice Support fund is available to help Holmesglen apprentices who because of financial hardship might not enjoy the full benefit of their apprenticeship. Please tell us how you might qualify:

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3. Financial Details

3A. Please tell us what the fees are that you have to pay for your apprenticeship/course:

Course Fees:	
Other (tools, clothes, books, etc):	

3B. What is your fortnightly income and expenditure? (Supporting documentation required)*

lease attach current evidence of the information provided above, eg. payslip, Centrelink statement, bank statement, rent receipts, gas, electricity, phone bills. To have your application considered, you MUST provide details as outlined Applicants without supporting documentation will not be considered.

*If dependent on parents or partner’s income, please fill the following as household income/expenditure.

INCOME (Fortnightly)	\$	Document supplied	EXPENDITURE (Fortnightly)	\$	Document supplied
1. Employment:		Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Food:		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. From parents/family/spouse:		Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Rent/Morgage:		Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Investment/business enterprise:		Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Services (e.g. electricity/gas/water):		Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Centrelink payment (Please specify):		Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Telephone		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Other (please specify below):			5. Transport/running costs:		Yes <input type="checkbox"/> No <input type="checkbox"/>
a.		Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Dependants (e.g. children/school costs)		Yes <input type="checkbox"/> No <input type="checkbox"/>
b.		Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Insurance (e.g. health/house):		Yes <input type="checkbox"/> No <input type="checkbox"/>
c.		Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Loans (e.g. personal/car):		Yes <input type="checkbox"/> No <input type="checkbox"/>
d.		Yes <input type="checkbox"/> No <input type="checkbox"/>	9. Health/medical costs:		Yes <input type="checkbox"/> No <input type="checkbox"/>
e.		Yes <input type="checkbox"/> No <input type="checkbox"/>	10. Other (please specify below):		Yes <input type="checkbox"/> No <input type="checkbox"/>
f.		Yes <input type="checkbox"/> No <input type="checkbox"/>	a.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Total Income:			b.		Yes <input type="checkbox"/> No <input type="checkbox"/>
			c.		Yes <input type="checkbox"/> No <input type="checkbox"/>
			Total Expenditure:		

3C. Give details of any dependents, eg. children (inc. their age), spouse/partner:

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3D. Do you live at home?:

The number of brothers and/or sisters financially supported by your parents/guardians.

The number of other relatives financially supported by your parents/guardians.

Parents’ annual income (provide documented evidence, including a parent’s Centrelink details).

3E. Please provide details of one referee (Referee to supply letter of support):

Name:
Occupation:
Address:
Suburb: State: Postcode:
Home Telephone: Work Telephone: Mobile:

4. Bank details

Account Name:
BSB: Account number:

5. Applicant Declaration

Applicants Name:

- 1. I hereby agree to abide by the Terms & Conditions of the scholarship selection process
- 2. I declare that all information provided in this application is true and accurate.
- 3. I agree to the use of my image and testimonial for promotional purposes.
- 4. I understand Selection Panel decisions cannot be appealed against and no correspondence concerning decisions will be entered into.
- 5. As a student at Holmesglen Institute, I have not been suspended or had any disciplinary action taken against me. not applicable for prospective students

Applicants Signature: **Date:**

Counsellors Name:

Counsellors Signature: **Date:**

FOR OFFICE USE ONLY

Date:

Approved **Not Approved**

Course

Amount: \$

Response/Outcome

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Manager, Student Wellbeing

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Counsellor (Name)

Memo to Finance Award Letter

Spreadsheet updated.